

No. 2
OM-243
5-17-39
I X 15592

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No.

16741

Registrar's No.

4300

MAY 18 1943

Registration District No.

318

Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... ST. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ST. LOUIS CHILDREN'S
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
in this community..... years, months or days)

3. (a) PRINT
FULL NAME

JERRY L. BABY BOY WHITAKER

3. (b) If veteran,
name war.....

3. (c) Social Security
No.....

4. Sex White (1) 5. Color or race Male
6. (a) Single, widowed, married,
divorced 1

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if
alive..... years

7. Birth date of deceased..... May 5 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
3 hr. min.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

12. Name James E. Whitaker

13. Birthplace Herculani, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Eunice Jones

15. Birthplace Hopkins Co., Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant James E. Whitaker

(b) Address 916 a St. Louis Ave

17. (a) Burial (b) Date thereof 5-10-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Cemetery

18. (a) Signature of funeral director Central Und. Co.

(b) Address 1841 Cass Ave

19. (a) 5/9/43 (b) J. F. Buebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....
(c) City or town..... ST. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 916 a St. Louis
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8th
year 1943 hour 1:05 am minute M.

21. I hereby certify that I attended the deceased from
5-6- 1943, to 5-8 1943;
that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration

Intra Cranial Hemorrhage
Pneumonia

Due to.....

Due to.....

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy As above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place)
(e) Means of injury.....

23. Signature J. F. Barnett (M. D. or other)
Address Children's Hospital Date signed 5/9/43

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

J. Allen Davis Jr.
4053

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.